Child Abuse and Neglect Annual Report of Child Fatalities and Near Fatalities

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Division of Protection and Permanency
Department for Community Based Services
Cabinet for Health and Family Services

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Contents

Introduction

In accordance with KRS 620.050(12)(c), the Cabinet for Health and Family Services (cabinet), Department for Community Based Services (DCBS or department) submits this annual report of child abuse and neglect fatalities and near fatalities. A near fatality is defined by KRS 600.020 (39): "an injury that, as certified by a physician, places a child in serious or critical condition." This report provides insights into the demographics of the children who were the victims of abusive or neglectful deaths and near deaths as well as the circumstances around these events. This report focuses on child victims whose family had a protection service history with DCBS. The report is organized into four sections: Characteristics of Child Fatality and Near Fatality Cases; Trends in Child Fatality and Near Fatality Cases; Child Fatalities and Near Fatalities in State Fiscal Year (SFY) 2016; and State Program Improvement Efforts. Historical data in this report span five state fiscal years and include only child abuse and neglect fatalities and near fatalities in which the department had a previous assessment or investigation with the family.

Historical trend data presented in Table 1 have been updated from the annual report submitted in SFY 2015. An asterisk indicates that the number has been updated from previous reports. The numbers of child fatality and near fatality victims are subject to change as cases pending at the time of previous report writing are resolved. Alternately, cases that were initially reported as near fatalities, but ultimately ended in the child's death, have been updated to reflect the death. Additionally, numbers may fluctuate as a result of administrative hearings or court determinations requiring a change in finding. Fatality and near fatality cases for SFY 2016 are reported as they are reflected in the database at the time of the writing of the report.

Section I: Child Fatalities and Near Fatality in State Fiscal Year 2016

Case Demographics

During SFY 2016, 50 child fatality and near fatality cases were identified as being the result of maltreatment. Of those 50 cases, 52% (26 cases) had prior involvement with DCBS. Of the 26 cases with prior involvement, 62% (16) of them had a prior investigation or assessment within a 24-month period prior to the fatal or near fatal event. There were 15 victims of fatal or near fatal neglect maltreatment and 11 findings of physical abuse.

Regional Differences

Table 1 shows the distribution of child fatality and near fatality cases in each of the nine DCBS service regions during SFY 2016. See **Appendix A** for a map of the counties in each service region.

Table 1:

Service Region	# of abuse/neglect fatalities with prior involvement*	# of abuse/neglect near fatalities with prior involvement*	Total fatality/near fatality with prior involvement*
Cumberland	1	4	5
Eastern Mountain	0	0	0
Jefferson	0	4	4
Northeastern	0	1	1
Northern Bluegrass	1	1	2
Salt River Trail	2	2	4
Southern Bluegrass	3	0	3
The Lakes	3	1	4
Two Rivers	0	3	3
Statewide totals	**10**	**16**	**26**
*These numbers are as of the writing of the report and do not include unresolved cases or cases awaiting administrative hearings.			

Section II: Trends and Demographics of Child Fatality and Near Fatality Cases Over Time

In order to establish a context under which child death and serious injury occurs, general child maltreatment data are included in this report. Table 2 provides data from SFY 2016 on the overall number of calls with allegations received by DCBS, the total number of child abuse and neglect calls that met acceptance criteria, the number of substantiated abuse and neglect findings made by DCBS, and the number of fatality and near fatality victims. Though the number of fatality cases appears to be lower than previous years, there is no indication that the change is statistically significant. Because the number of fatality cases and near fatality cases are such a small representation of all child welfare cases, the small numbers can fluctuate from year to year. Fatality counts from prior year reports have occurred through a range between five and 59 since 2004.

Table 2:

	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
# of calls with allegations received			73,692^	106,197	105,527
# of abuse/neglect reports that met acceptance criteria	50,953	58,125	53,225	59,077	52,424
# of substantiated abuse/neglect findings	9,934	11,88	11,120	12,914	15,378
# of *fatalities* in which abuse/neglect was substantiated	33	20	16	21*	9
# of substantiated *fatalities* with agency history	12	15	12	16*	5
# of *near fatalities* in which abuse/neglect was substantiated	44	46	51	53*	41
# of substantiated abuse/neglect near fatalities with agency history	28	33	32	29*	21

Note: An asterisk (*) indicates adjustment from prior years' reports.
^In 2014, DCBS made a system change that allowed for separation of allegation calls from all other agency calls; these data are unable to retroactively run for SFY 2012 through SFY 2013.

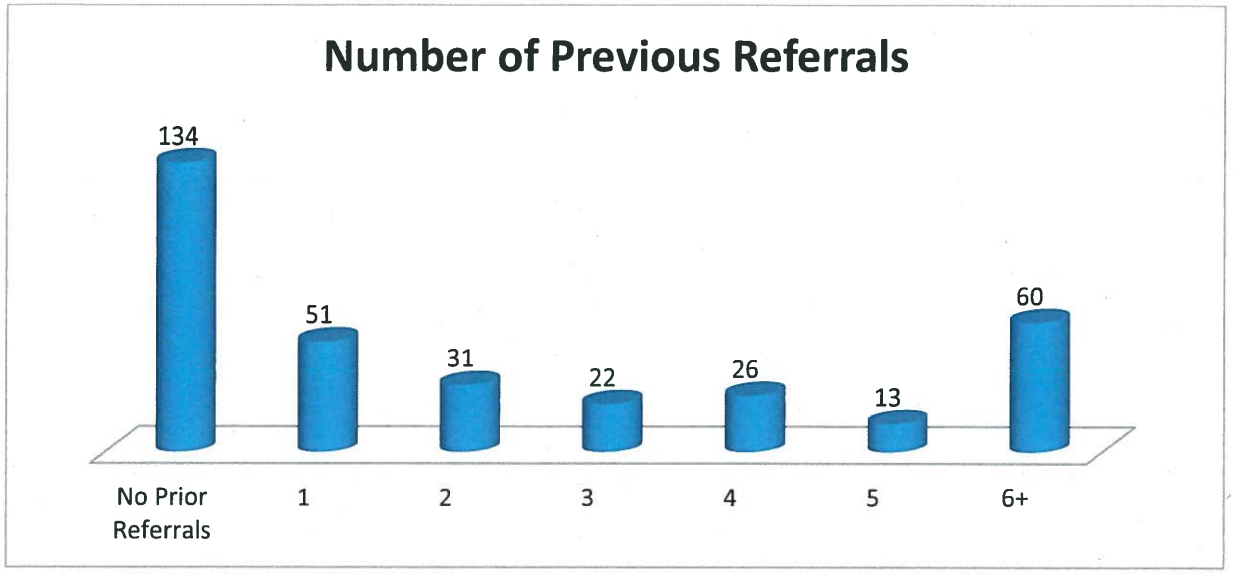
Source TWT Y084, Run Date 7/7/2016

Since the small number of child maltreatment cases that resulted in serious injury or death each year creates pronounced trend fluctuations and does not provide a representative picture of these cases, for this report, DCBS includes data over a five state fiscal year period (SFY 2012–SFY 2016) on all substantiated fatality and near fatality victims in which there had been prior protection and permanency involvement in order to strengthen the capacity to evaluate trends and describe characteristics. In the past five state fiscal years, there have been 337 children who died or nearly died due to abuse or neglect (Figure 1). Of those children, 203 either had prior family or perpetrator involvement with DCBS. This report focuses on the 203 children. Of the 203 victims, 61 were fatalities, and 142 were near fatalities.

Prior Involvement

Prior involvement is defined as any assessment or investigation with a child or family in the area of protection and permanency. Figure 1 displays all 337 substantiated fatality and near fatality victims from SFYs 2012–2016. The data in Figure 1 is consistent with prior years' reports.

Figure 1:



Child Victim Demographics

Nationally, children under the age of three die at a significantly higher rate when compared to older children. According to the 2014 Administration for Children and Families (ACF) child maltreatment report, [1]nearly 71% of children who died from maltreatment were under the age of two. While the ACF report does not include near fatal maltreatment, one can see the number replicated in Kentucky with both fatal and near fatal maltreatment. In Kentucky, children age three and younger comprise 71% of the maltreatment deaths and near deaths. Table 3 reflects the age of victims related to maltreatment fatalities and near fatalities.

Table 3:

Age of the Victim		
KY (n=203)		
Age	# of Children	Percentage
<1	74	37%
1	24	12%
2	27	13%
3	18	9%
4	11	5%
5-7	17	8%
8-10	8	4%
11-13	12	6%
14 +	12	6%

[1] U.S. Department of Health & Human Services; Administration for Children and Families; Administration on Children, Youth and Families; Children's Bureau; Child Maltreatment 2014.

In Kentucky, male children are victims of a fatality or near fatality more than females. For SFY 2012–2016, 62% of the child fatality and near fatality victims are male, and 38% are female. Table 4 references the percentage of Kentucky's male and female victims compared to the national child fatality data.

Table 4:

Gender of the Victim		
	KY (n=203)	National Fatality Data (ACF 2013 NCANDS Report n=702,208)
Male	62%	58.3%
Female	38%	40.9%

In the United States, Caucasian children accounted for 79% of the child victims for fatal and near fatal maltreatment from SFY 2012-2016. Thirteen percent of child victims were listed as African-American, 2% of child victims were listed as Hispanic, and 5% of child victims were identified as having two or more races. In Kentucky, African-American children are victims of fatal or nearly fatal maltreatment at a higher rate, 24.1 per 100,000 compared to Caucasian children at 18.9 per 100,000. These data align with other data analysis conducted by DCBS, which indicates racial disproportionality between African-American children and Caucasian children. Table 5 displays the racial and ethnic backgrounds of child victims in Kentucky contrasted with national data.

Table 5:

Race/Ethnicity*	KY Child Population		KY (n=203) # of Children involved in a fatality/near fatality and also had prior involvement with DCBS		National Fatality Data (ACF 2014 NCANDS Report)**	
	#	%	#	%	#	%
African-American	91,960	9	27	13.3	359	30.3
American Indian or Native American	8,642	0.8	0	0.0	7	.6
Asian	12,910	1.3	0	0.0	13	1.1
Hispanic*	49,949	4.9	2	1.0	179	15.1
Pacific Islander	643	0.1	0	0.0	1	.1
Unknown	***	***	***	***	70	5.9
Caucasian	828,136	80.9	160	78.8	509	43
Two or More Races	35,230	3.4	11	5.4	45	3.8

*Hispanic ethnicity is separate from race, not mutually exclusive
** States with more than 49% of race or ethnicity as unknown or missing were excluding from this analysis.

Perpetrator Demographics

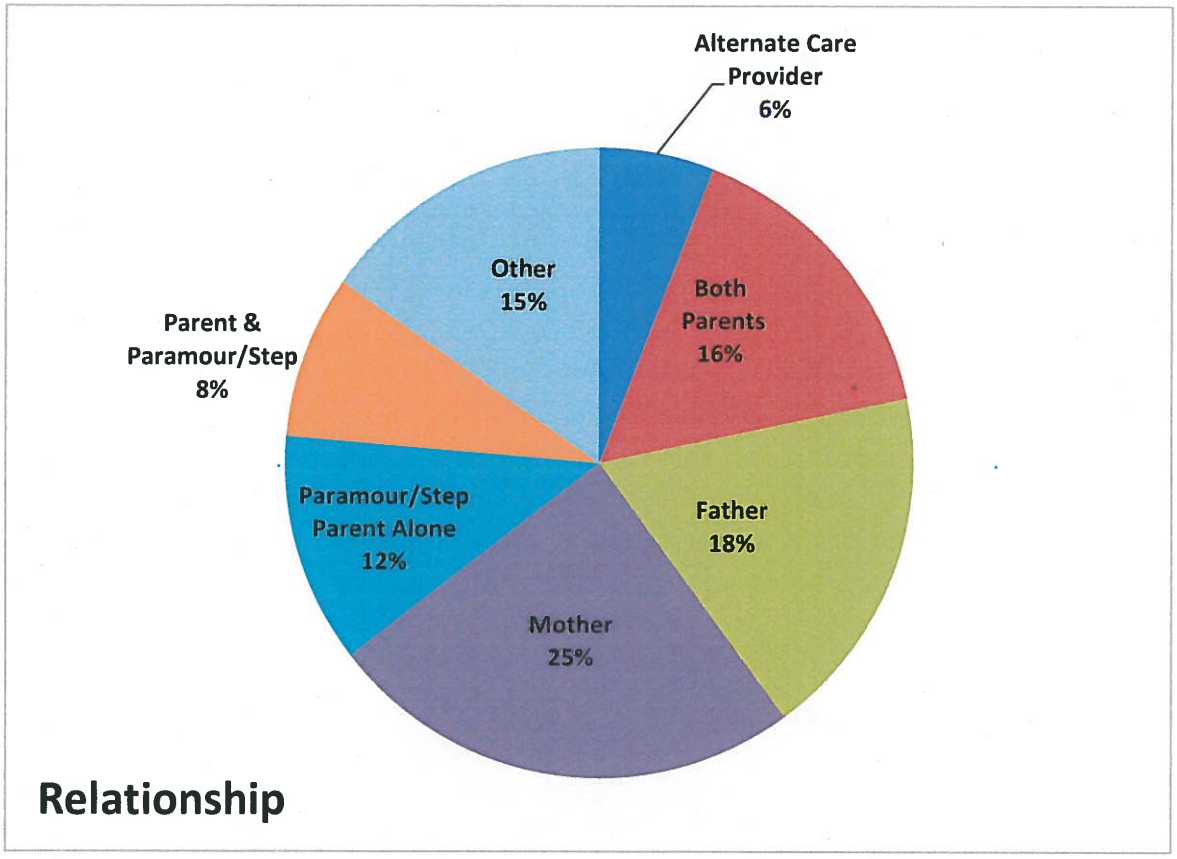
In the 203 cases that are the subject of this report, there are 256 identified perpetrators:

- There are 136 female perpetrators and 115 male perpetrators.
- Forty physical abuse cases had a male perpetrator, and 24 other physical abuse cases had a male and female listed as the perpetrators.
- Sixty-one neglect cases had a female perpetrator, and 29 different neglect cases had a male and female listed as the perpetrator.

For this and prior reports, female perpetrators were more frequently found in neglect fatalities and near fatalities while males tend to be the more frequent perpetrators of physical abuse cases.

Figure 2 displays the perpetrator relationship to the victim for the 203 children who are the subject of this report. In 27% (54) of the cases, there is more than one identifiable perpetrator responsible for the fatal or near fatal maltreatment. The 54 cases included in the data regarding *more than one identifiable perpetrator*, includes the values of "Both Parents," "Parent and Paramour/Step" and a portion of the perpetrators included in the "Other" value. In five of the cases the perpetrator was unable to be determined. Data consistently show that parents, acting alone or in collusion with each other, are more often the perpetrators of fatal or near fatal child maltreatment. Nationally, only 15.7%[2] of child fatalities had perpetrators *without* a parental relationship, while in Kentucky 21% of child fatalities and near fatalities had perpetrators with a parental relationship.

Figure 2:



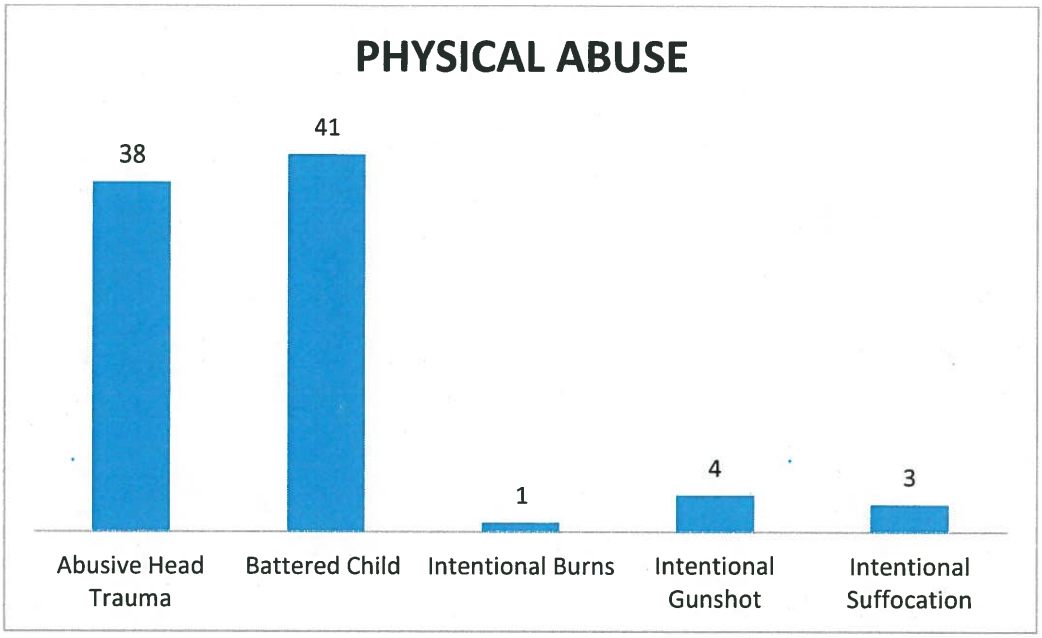
The average age for female perpetrators in Kentucky is 36 years old, and the average age for male perpetrators is 39 years old. Nationally, 83.2% of the perpetrators are between the ages of 18 and 44 years old.

[2] U.S. Department of Health & Human Services; Administration for Children and Families; Administration on Children, Youth and Families; Children's Bureau; Child Maltreatment 2014.

Maltreatment Type

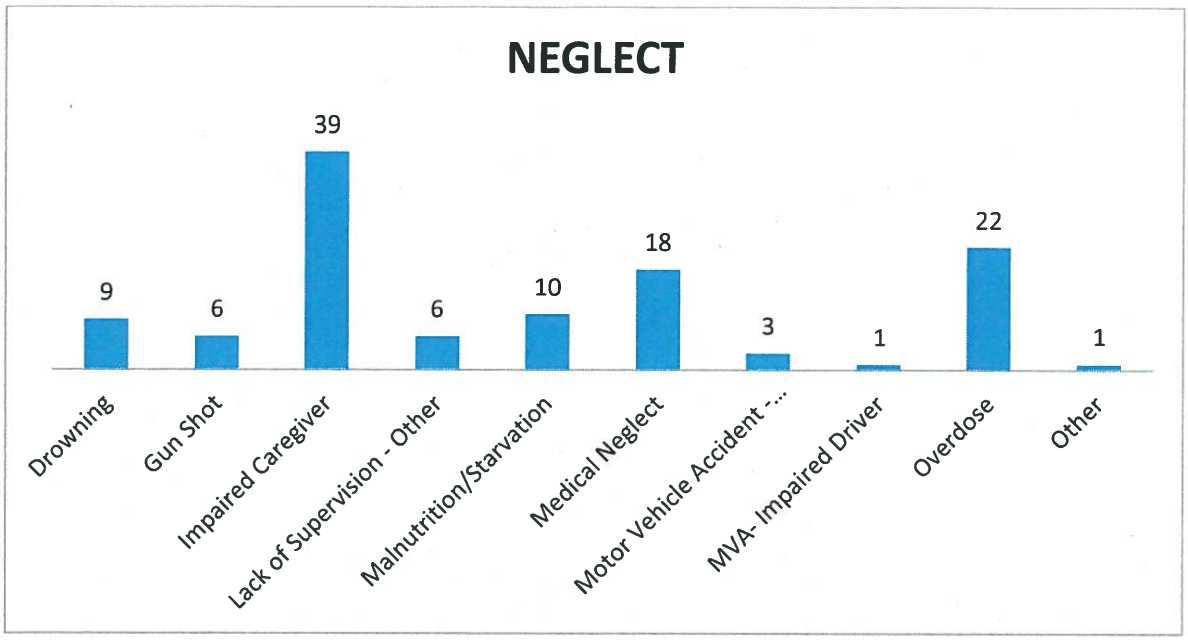
In this analysis, child maltreatment is broken into two categories: physical abuse and neglect. Of the 203 victims, physical abuse was substantiated as the cause 88 times, and neglect was substantiated 115 times with a total of 204 findings. The reason for the additional finding is due to the fact that in one case, the cause of the serious or critical condition was unable to be determined, resulting in a finding of both neglect and physical abuse. Figure 3 displays the cause of death or serious injury in the 88 physical abuse findings for SFY 2012–2016. The leading cause of child physical abuse fatal or near fatal maltreatment is battered child (i.e., the child suffers multiple injuries) followed closely by abusive head trauma.

Figure 3:



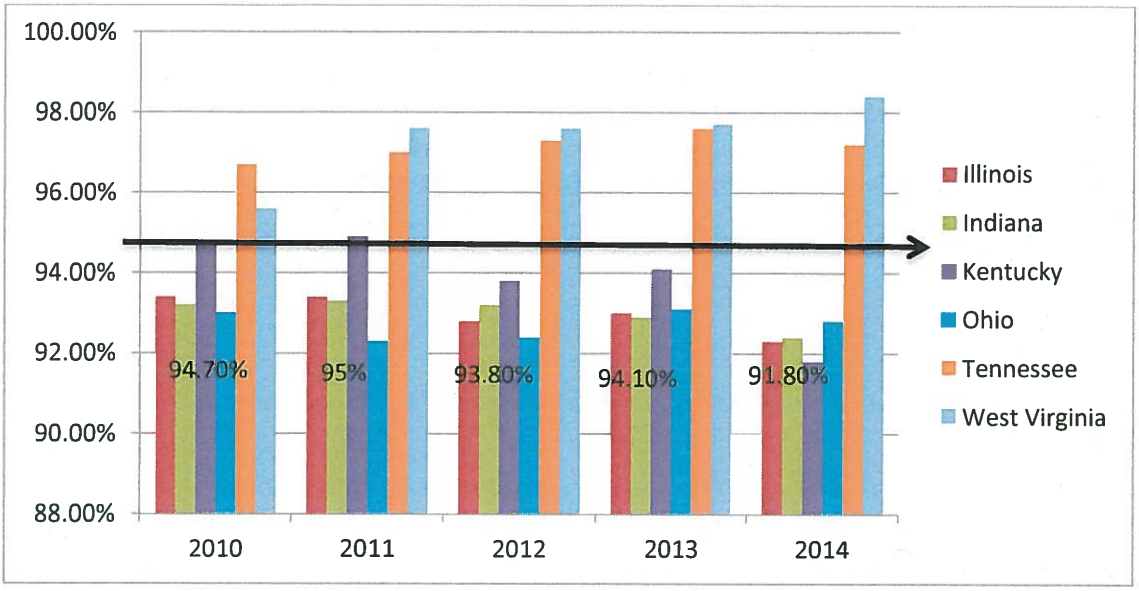
For SFY 2012-2016, the remaining 115 findings were considered a result of neglectful behavior. For purposes of this report, neglect types have been delineated into several different categories: drowning, gun shot, impaired caregiver, lack of supervision, malnutrition or starvation, medical neglect, motor vehicle accident--domestic violence, motor vehicle accident--impaired driver, overdose, and other. Impaired caregivers include any incident of death or near death for which the caregiver's substance use contributed to the maltreatment. Figure 4 delineates the causes of fatal and near fatal child maltreatment as a result of neglect. The most common category of neglect maltreatment that resulted in a fatality or a near fatality is from the impairment of the caregiver. This is followed by situations where a lack of supervision resulted in the victim overdosing on medication or other toxic substance and medical neglect.

Figure 4:



The federally established national standard for absence of repeat maltreatment is 94.6%. In plain language, states should strive to be above the 94.6% mark to demonstrate that agency interventions to prevent repeat maltreatment are successful. Maltreatment recurrence is defined by the Children's Bureau: "of all children who were victims of substantiated or indicated abuse or neglect during the first six months of a reporting year, what percentage did not experience another incident of substantiated or indicated abuse or neglect within a six-month period." Figure 5 displays Kentucky's overall absence of repeat maltreatment performance compared with neighboring states. Data labels in each year provide Kentucky's year-to-year comparison to the national standard. For the past three years, Kentucky's absence of recurrence rate has been below the national standard, as indicated by the black arrow line in Figure 5, per federal reporting available to date.

Figure 5:

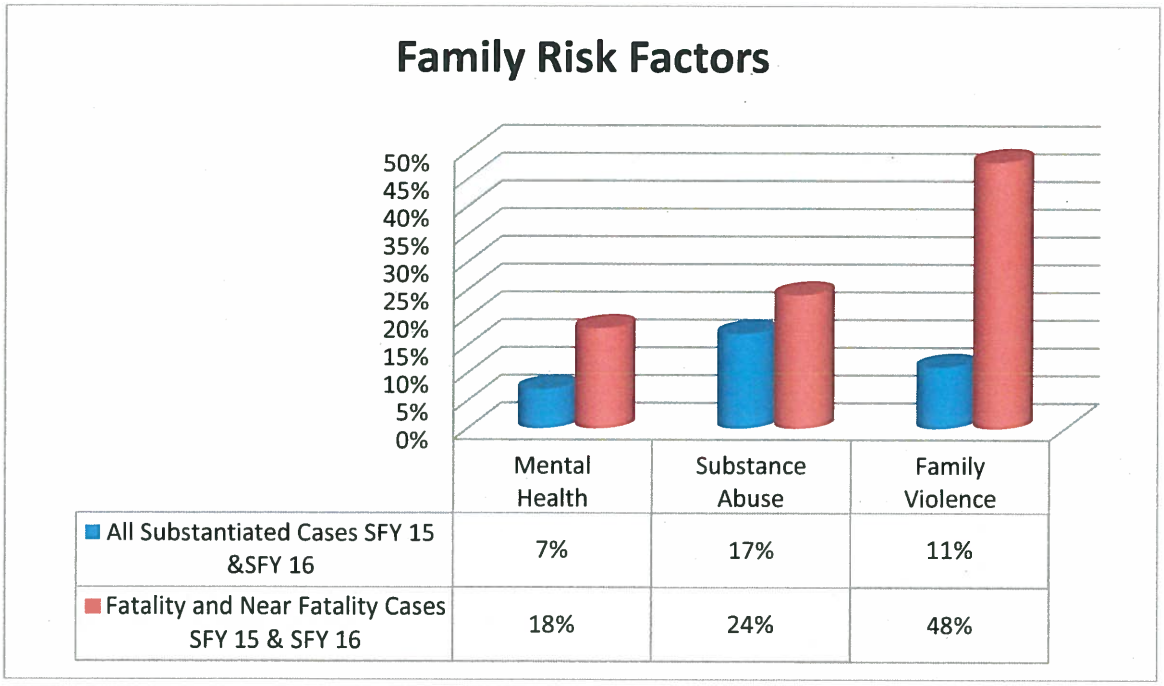


Related to child fatalities and near fatalities, 12% (24) of the victims who are the subject of this report had repeat maltreatment. A review of these cases indicated potential missed opportunities in the areas of assessment of parenting skills, the ability of the caregivers to manage the tasks of daily living, and the caregiver's ability to prioritize the child's safety. Targeted case reviews performed by DCBS-Division of Protection and Permanency staff also show a need for improvement in these areas, and this is reflected in the state's national performance related to absence of recurrence. This is a topic for strategized intervention in the future work of DCBS.

Family Risk Factors

Abuse of, or dependency on, substances, family violence, and mental illness or cognitive impairment are commonly known antecedents in child abuse and neglect cases. DCBS collects data on how these three risk factors play a role in maltreatment. Data for the fatality and near fatality cases were collected for those cases completed in SFY 2015 and SFY 2016. In those years, there were 66 cases in which these three risk factors directly or indirectly contributed to a child's fatality or near fatality. In these 66 cases, substance abuse directly contributed to the maltreatment in 24% (16 cases). With regard to family violence, it was present in 48% of the fatal and near fatal maltreatment and, lastly, mental health or cognitive impairment directly or indirectly contributed to 18% of the fatality and near fatalities which occurred in SFY 2015 and SFY 2016. Figure 6 displays the percentages substance abuse, family violence, and mental health as contributors in all substantiated or family-in-need of services cases contrasted with fatal and near fatal maltreatment.

Figure 6:

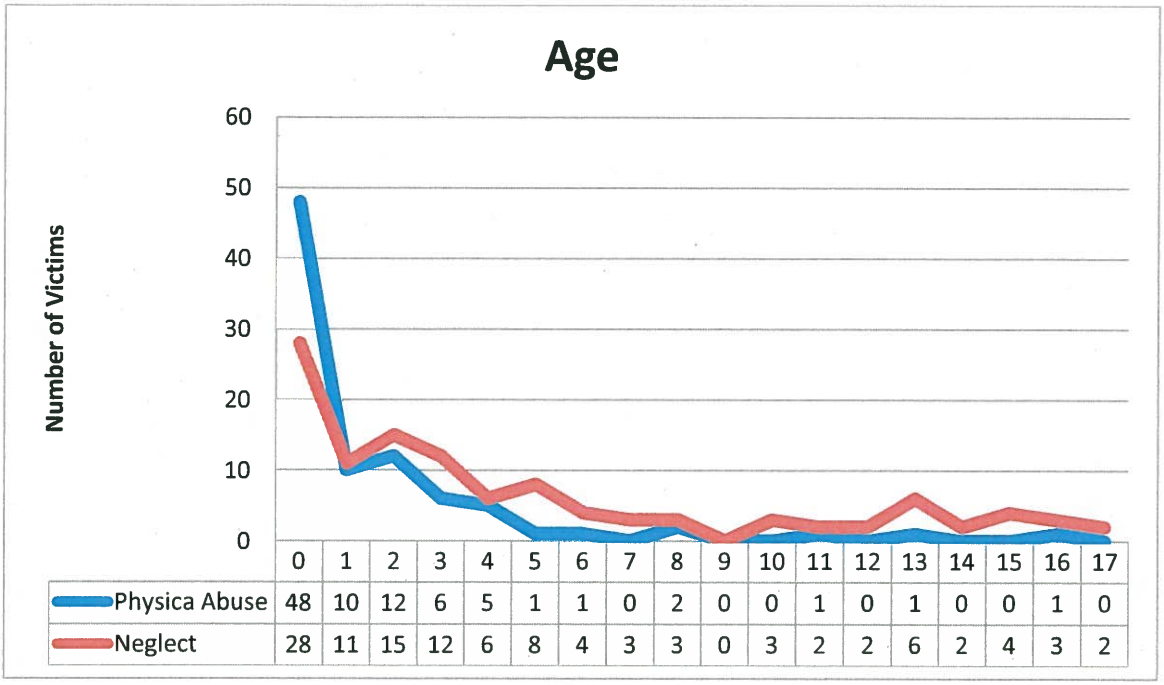


	Mental Health	Substance Abuse	Family Violence
All Substantiated Cases SFY 15 &SFY 16	7%	17%	11%
Fatality and Near Fatality Cases SFY 15 & SFY 16	18%	24%	48%

Child Risk Factors

The age of the victim has been the one point of risk assessment that has consistently been useful as a predictive feature for caseworkers and policy makers in cases of fatal and serious child maltreatment. As aforementioned, 71% of children ages three and younger were the victims of fatal or near fatal maltreatment. Figure 7 contrasts the age of the victim to the referral type.

Figure 7:



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Physica Abuse	48	10	12	6	5	1	1	0	2	0	0	1	0	1	0	0	1	0
Neglect	28	11	15	12	6	8	4	3	3	0	3	2	2	6	2	4	3	2

Section III: Kentucky's Program Improvement Efforts

Internal Reviews

Internal reviews are conducted on child fatality and near fatality cases as mandated by KRS 620.050(12)(b). Prior involvement is defined by 922 KAR 1:420: "any assessment or investigation, of which the cabinet has record, with a child or family in the area of protection and permanency prior to the child's fatality or near fatality investigation." Of the 203 fatality and near fatality cases that were completed from SFY 2012 through SFY 2016, 144 of them were identified as having at least one prior referral in the 24 months preceding the fatal or near fatal event.

The internal review process was reviewed, and enhancements were made in SFY 2015. To more closely align with the updated case review process, case review worksheets were developed that are applied to any assessment that was conducted in the 24 months preceding the fatal or near fatal incident. Action items are identified from the areas for improvement that are noted in the worksheets, and the regional staff strategizes around ways to improve in those areas. Finally, regional staff monitors the identified areas through the continuous quality improvement case review scores. Since SFY 2015, data from the worksheets have been compiled in a Microsoft Excel spreadsheet. Although there are numerous cases documented, significant data production and analysis pend recording of all SFY2016 cases. This process was piloted in January 2015 and has become a standard practice at the start of SFY 2016.

Areas for improvement have been broadly categorized into to following:

- *"Risk assessment"* means the inability to identify protective factors, risk factors, and/or safety factors;

- *"Critical thinking or decision-making"* means the inability to apply and integrate information gathered in a risk assessment;
- *"Service matching"* means services were identified and matched but were inaccessible in the community; and
- *"Program needs"* means identified areas for training improvements, technology improvements, and policy improvements.

The data collected from the worksheets to date show that the weakest areas in the assessment are that workers need to improve their initiation timeframes and better assess the caregiver's tendency to get overwhelmed with daily tasks, ability to prioritize the child's safety, and the effectiveness of parenting skills. The results of the data analysis indicate that the department needs to continue its work to enhance more thorough risk assessments. Each region has developed its own method to correct these weaknesses, including talking with the worker one-on-one, holding staff meetings, and conducting region-wide trainings. There is also a newly created workgroup exploring workers' struggles with documentation. This workgroup is charged with streamlining the assessment process and decreasing redundancies.

The program needs and service matching require further exploration and data in order to draw conclusions about their impact on practice.

Program Improvement Efforts

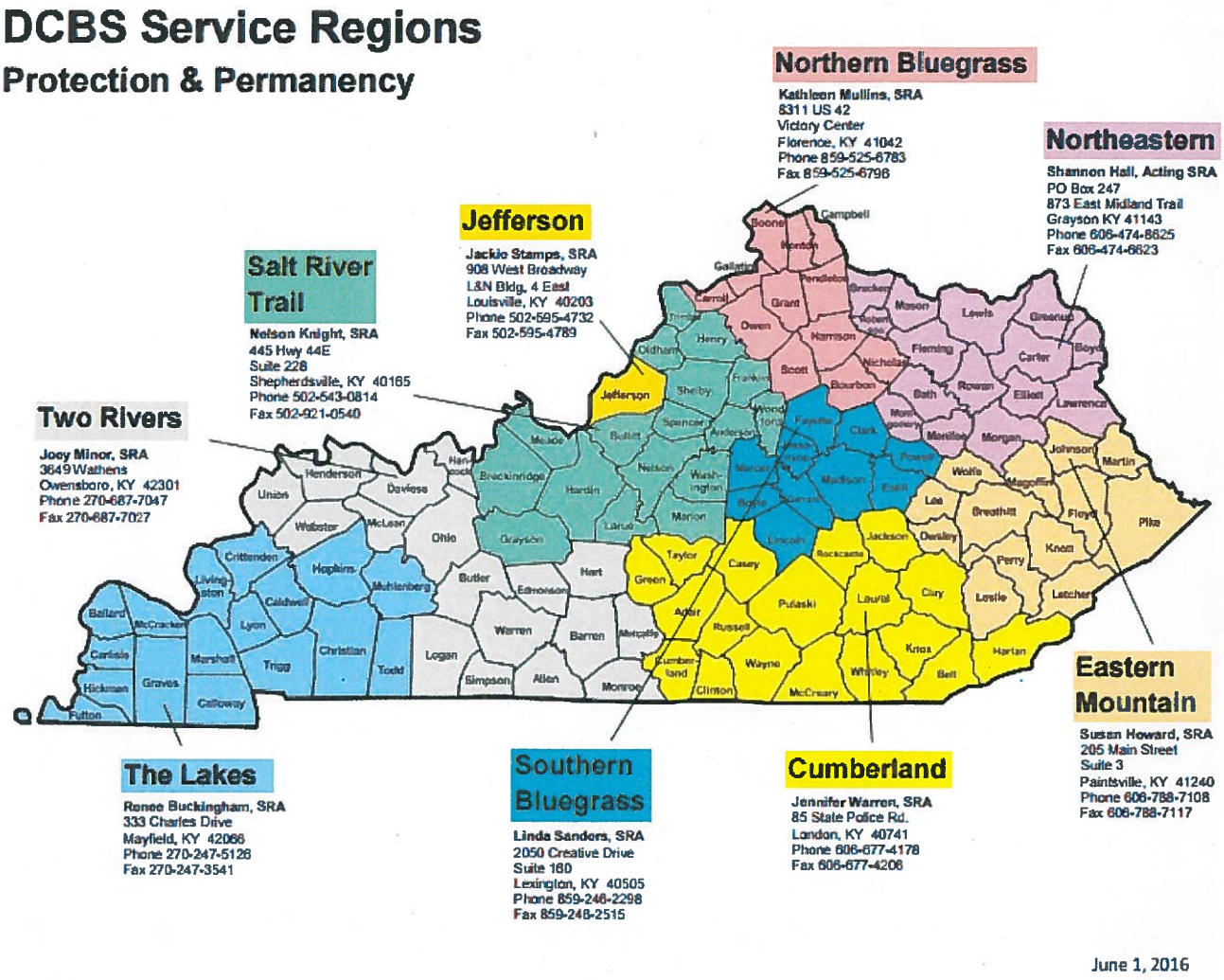
- DCBS continues to work with medical, legal, and other community partners to increase its understanding of the situations that create risk, particularly those factors that could predict potentially lethal cases.
- Kentucky has been invited to participate in a national program around fatality prevention, offered through a partnership between the National Conference of State Legislatures and the National Governors Association. The Three Branch Institute on Improving Child Safety and Preventing Child Fatalities has brought together a delegation of representatives from the three branches of government from eight states to help spread innovative practices designed to strengthen state practices around fatality and near fatality prevention. This technical assistance opportunity runs from June 2016 to December 2017.
- Kentucky recently completed its third federal onsite child welfare service review and will be working with the federal oversight agency, ACF-Children' Bureau, to develop a program improvement plan. DCBS will ensure that tasks which support improved risk assessments are incorporated into action plan steps.
- Effective August 16, 2016, DCBS implemented salary increases for frontline personnel. These salary increases should assist with the retention of staff. The ability to retain tenured staff is a key systemic factor supporting accurate risk assessment.

Trainings

DCBS utilizes information gathered during internal reviews to shape training materials in order to enhance staff capacities. The Child Protection Branch participated in and/or provided several trainings to field staff this past state fiscal year:

- *"Risk Factors and the Assessment of Child Protective Services Investigations"* training emphasizes the assessment of domestic violence, mental health, and substance abuse in families. In addition, it strongly emphasizes the use of comprehensive interviews with service providers and family members to appropriately assess the strengths and needs of families. A team approach to training is used that includes both frontline staff and respective supervisors. This training has been conducted in all nine service regions and is offered continuously on an as needed basis.
- *"Centralized Intake Technical Assistance"* is a specialized training created by the department's Child Protection Branch and was provided to centralized intake staff in all nine service regions. This training provides information about child protective services and adult protective services acceptance criteria and incorporates new information about screening intakes related to children who are four years of age and younger and presented with a physical injury of unknown origin. This training was specifically created to ensure that high-risk cases are identified and screened appropriately by centralized intake staff.
- *"Foundations: Assessing Safety and Risk"* is a training provided to DCBS staff by the University Training Consortium (UTC) as part of DCBS academy for new hires. This training focuses on the assessment portion of an investigation and assists staff with practicing interviewing skills, assessment skills, and addressing safety and high-risk situations.
- *"Kentucky Summit on Access to Care for Children and Youth with Special Health Care Needs"* was offered to DCBS staff and community partners with a goal of strengthening the network that supports the families of children with special health care needs. In attendance were medical providers, stakeholders, public health providers, child care providers, state and federal government officials, community members, and families. This event was cosponsored by the cabinet's Commission for Children with Special Health Care Needs (CCSHCN), the National Governors Association (NGA), and the National Conference of State Legislatures (NCSL).

Appendix A: Regional Map



Appendix B: Data Tables

AGE OF CHILD	SFY 2012-2016 (n=203)		
	Fatality	Near Fatality	
Under 1 year	17	59	76
1 year	5	17	22
2 years	9	18	27
3 years	9	9	18
4-6 years	9	16	25
7-12 years	5	11	16
13-17 years	7	12	19
Total	**61**	**142**	**203**

GENDER OF CHILD	SFY 2016 (n=26)		SFY 2012-2016 (n=203)
	Fatality	Near Fatality	
Male	4	11	128
Female	1	10	75
Total	**5**	**21**	**203**

RACE/ETHNICITY OF CHILD	SFY 2016 (n=26)		SFY 2012-2016 (n=203)
	Fatality	Near Fatality	
African American	1	3	27
Two or More Races	0	3	11
White	4	15	160
Hispanic	0	0	5
Total	**5**	**21**	**203**

TYPE OF MALTREATMENT	SFY 2016 (n=26)		SFY 2012-2016 (n=203)
	Fatality	Near Fatality	
Physical Abuse	0	10	88
Neglect	5	11	114
Physical Abuse & Neglect	0	0	1
Total	**5**	**21**	**203**

PERPETRATOR RELATIONSHIP TO VICITM	SFY 2015 (n=26)		SFY 2011-2015 (n=203)
	Fatality	Near Fatality	
Mother	2	1	50
Father	0	7	37
Both Parents	1	2	32
Both Foster Parents	0	0	1
Parent Paramour/Step	1	2	41
Parent & Another	0	4	4
Alternate Care Provider	0	1	12
Other Relative	1	4	21
Unknown	0	0	5
Total	**5**	**21**	**203**